

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: **PAGE 2 OF 4**
 (check only one)

<input type="checkbox"/> 116	<input type="checkbox"/> 115	<input type="checkbox"/> 114	<input type="checkbox"/> 113	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 14	<input type="checkbox"/> 16	<input type="checkbox"/> 10	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

African American Action Committee

Full Name (Last, First, Middle Initial) A. William J. Devins Mailing Address 1246 S. Cypress Street City _____ State _____ Zip Code _____ Home telephone _____		Date of Receipt 6 8 2 5 7 7 7 7 0 8 1 5 2 4 0 3	Amount of Each Receipt this Period \$ 0 0 0 0 , 0 0
FEC ID number of contributing federal political committee. C			
Name of Employer Attorney	Occupation Barred Member		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date ✓ \$ 0 0 0 0 , 0 0		
Full Name (Last, First, Middle Initial) B. Dorothy G. & Pauline H. G. Devins Mailing Address 1246 Delavan Ave. N.W. San Ciudad Bank Building City _____ State _____ Zip Code _____ Grand Rapids		Date of Receipt 6 8 2 5 7 7 7 7 0 8 1 5 2 4 0 3	Amount of Each Receipt this Period \$ 0 0 0 0 , 0 0
FEC ID number of contributing federal political committee. C			
Name of Employer Attorney	Occupation Barred Member		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date ✓ \$ 0 0 0 0 , 0 0		
Full Name (Last, First, Middle Initial) C. Richard G. & Barbara E. Gandy Mailing Address 1415 Old Hammett Road, Franklin		Date of Receipt 6 8 2 5 7 7 7 7 0 8 1 5 2 4 0 3	Amount of Each Receipt this Period \$ 0 0 0 0 , 0 0
FEC ID number of contributing federal political committee. C			
Name of Employer Attorney	Occupation Barred Member		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date ✓ \$ 0 0 0 0 , 0 0		
SUBTOTAL of Receipts This Page (optional) _____			\$ 0 0 0 0 , 0 0
TOTAL This Period (last page this line number only) _____			\$ 0 0 0 0 , 0 0